



**Family Planning Program Manual**  
**October 2008**

**Section E**

**Region X**  
**Infertility Prevention**  
**Program Guidelines**

**Office of Family Health**  
**Public Health Division**



**Family Planning  
Program Manual  
for Oregon**

**Region X  
Infertility Prevention Program Guidelines**

A publication of the



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An online version of the manual is also available and can be found on our website:

<http://www.healthoregon.org/fp>



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## Region X Infertility Prevention Project

## E1.1

### Introduction

In 1988, STD and Family Planning Programs along with the state laboratories from the 4 states of federal DHHS Region X - Alaska, Idaho, Oregon and Washington - agreed to collaboratively work together to find a cost effective way to test high-risk female clients in family planning clinics for chlamydia. This project was initially funded with Family Planning/Title X and STD/CDC funds. Because of the success of this project in determining which clients would be considered high-risk and eligible for testing, and in reducing the chlamydia positivity rates in Family Planning clinics in the 4 involved states by 60%, federal legislation was passed in 1992 that authorized the national Infertility Prevention Program (IPP) through CDC. Currently, all states receive funding from CDC for IPP. IPP service sites have expanded from family planning clinics to include a variety of other settings, such as primary care clinics, juvenile centers, migrant and community health clinics, and university health services.

### Region X IPP

Each of the ten federal DHHS regions has an IPP regional Office/coordinator. In Region X, each of the 4 states and the Regional Office has several representatives including those from Family Planning, STD, and Laboratory programs that comprise the Region X IPP Advisory Committee. This committee meets on a regular basis to help assess, plan, implement, and evaluate regional and state activities related to chlamydia. The Region X IPP Advisory Committee has developed a manual that includes in-depth information about the Project.

### Region X IPP Manual

The complete Region X IPP manual may be found on the web at [http://www.centerforhealthtraining.org/download/R10\\_IPP\\_2005\\_complete.pdf](http://www.centerforhealthtraining.org/download/R10_IPP_2005_complete.pdf)

The manual sections are:

- Overview; Screening, Specimen Collection & Treatment;
- Education & Counseling;



- Laboratory Testing, Quality Assurance & Improvement Program;
- Lab slip & Data Collection; and,
- Appendices, which include resources.

### **State IPP Contacts**

#### **I**PP Contacts in Oregon:

Doug Harger, DHS Public Health Division STD Program: 971-673-0149

Carol Elliott, DHS Public Health Division FP Program: 971-673-0362

Chris Biggs, DHS Public Health Division, Public Health Laboratory: 503-229-5882

Chelsea Dore, Planned Parenthood of the Columbia Willamette: 503-775-4931 Ex 2256



## Region X IPP and Oregon Family Planning Program Screening Criteria

### E.2

Because many chlamydia infections are asymptomatic and because it is not cost-effective to test all females in family planning and other non-STD clinic sites, Region X and CDC have developed selective screening criteria that **must** be followed in clinics participating in the Region X IPP. Years of data collection and research have helped to refine the testing criteria that are currently in use in Region X. The screening criteria for all family planning clinics and all other non-STD clinic sites are as follows:

- Women 24 and under should be tested at least annually whether or not they are undergoing a pelvic examination.
- All women 25 and older who meet one of the following criteria should be screened:
  - Cervical findings consistent with cervicitis (MPC, friable cervix, or ectopy with inflammation or edema)
  - Pelvic Inflammatory Disease (PID)
  - Exposed to chlamydia in the last 60 days
  - Symptomatic sex partner in the last 60 days
  - Pregnant
  - IUD insertion
  - Prior chlamydial infection within the past 12 months.
  - Male contacts of female clients who have had a positive test result in family planning or other non-STD IPP clinic sites may be tested as part of the project. All other male clients seeking testing must be served under STD Program site criteria.

In Oregon, Washington and Alaska, universal testing is allowed in STD clinic sites. If clinic staff in your clinic feel other clients should be tested but don't meet the screening criteria, please contact your state IPP representatives for further discussion.



## **Region X IPP Lab Slip/Data Tool**

The “Chlamydia Test Region X Infertility Prevention Project” triplicate NCR form is a combination lab slip and data collection tool. The data collection is necessary to support ongoing research and to justify funding for the Region X IPP and provision of local services. States in Region X each have a somewhat different slip to meet the needs of state programs.



# OREGON CHLAMYDIA LAB/ DATA COLLECTION FORM

E.3

**Chlamydia Test**  
**Region X Infertility Prevention Project**

Client Name _____ <small>GREY AREAS LAB USE ONLY</small>		Lab Number _____	Date Received _____
Last _____ First _____		<b>CT Test</b> <input type="checkbox"/> Probe <input type="checkbox"/> EIA <input type="checkbox"/> DFA <input type="checkbox"/> Cell Cult. <input type="checkbox"/> LCR <input type="checkbox"/> PCR <input type="checkbox"/> SDA <input type="checkbox"/> TMA <input type="checkbox"/> SA <input type="checkbox"/> TC-TMA	
Client Number _____	Clinician _____	<b>Test Results</b> <input type="checkbox"/> Unsatisfactory Specimen <input type="checkbox"/> Negative CT <input type="checkbox"/> Positive CT <input type="checkbox"/> Equivocal CT	
Date of Birth _____	Client Zip Code _____	Comments _____	
Date Specimen Collected _____	Specimen Site <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Other	Date Reported _____ By _____	
Service Site _____	Client Sex <input type="checkbox"/> F <input type="checkbox"/> M	Medicaid No. _____	
PROVIDER/CLINIC ADDRESS: _____	FPEP <input type="checkbox"/> Yes <input type="checkbox"/> No	ICD Code _____	
Submitter Code _____		<small>Oregon State Public Health Laboratory 1717 NW 10th Ave., Portland, OR 97201</small>	

<b>ETHNICITY</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hisp.	<b>RACE</b> (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pac. Islander <input type="checkbox"/> Other	<b>EXAMINATION:</b> <input type="checkbox"/> Client not examined <b>FINDINGS: FEMALE</b> (check all that apply) Cervical Findings: <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Mucopurulence <input type="checkbox"/> Friability <input type="checkbox"/> Ectopy with Inflammation/edema <input type="checkbox"/> PID
<b>REASONS FOR VISIT</b> (patient reported, check all that apply) <input type="checkbox"/> Routine Visit <input type="checkbox"/> Symptoms <input type="checkbox"/> STD Screening <input type="checkbox"/> Exposed to CT <input type="checkbox"/> Exposed to Other STD <input type="checkbox"/> Any Pregnancy - Related Visit <input type="checkbox"/> Rescreening - prior CT+ 3-6 mos.		<b>FINDINGS: MALE</b> (check all that apply) Signs: <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Urethral Discharge <input type="checkbox"/> GC on Gram stain <input type="checkbox"/> ≥ 5 PMNs/hpf <input type="checkbox"/> Epididymitis
<b>SYMPTOMS</b> (patient reported) <input type="checkbox"/> Abnormal Vaginal/Urethral Discharge <input type="checkbox"/> Dysuria <input type="checkbox"/> Abdominal/Pelvic/Testicular Pain <input type="checkbox"/> Abnormal Vaginal Bleeding		<b>OTHER</b> Is this client pregnant? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-Unk IUD insert planned <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Presumptive Tx for CT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>SEX WITH:</b> <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Both
<b>RISK HISTORY</b> Positive CT last 12 months <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-Unk If yes, _____ # previous partners → _____ # treated 2 or More Sex Partners (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Sex Partner (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Symptomatic Partner (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Condom used during last sex <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other STD last 12 months <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Note: Items in bold below the centerline are selective screening criteria for women DHS 8351 (9/4/2002)

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## Lab Slip Instructions

- When filling in boxes with numbers (such as box for client number), write the numbers starting either from the left or ending on the right. You do not need to zero-fill.
- When using a client name label, label all copies of the lab slip except the pink copy.
- Press firmly so all 3 copies are readable.
- Send the entire lab slip (all 3 copies) with the specimen to the lab. The green copy will be returned to your clinic with the test results and can be filed in the client's chart.
- On the bottom/front of the lab slip, items in **bold font** are screening criteria for non-STD clinic clients in the project. If the female client is age 25 or older, one of the **bold font** criteria should be met. Male clients must be a contact of a female family planning client.
- Instructions for the Lab/Data Collection Form are printed on the back of the form. In addition, Section V of the Region X IPP Manual available at:  
[http://www.centerforhealthtraining.org/download/R10\\_IPP\\_2005\\_complete.pdf](http://www.centerforhealthtraining.org/download/R10_IPP_2005_complete.pdf) has a full explanation for every item on the form.
- Required items are: Client Number; Date of Birth; Date Specimen Collected; Service Site Number; Provider/Clinic Address; Client Sex; and, Specimen Site. If data elements are missing, inconsistent, or illegible, the slip will be returned for correction.
- All the data items are used in Oregon and Region X IPP annual reports, decision making, research, and grant applications. Providing accurate data is very important. Accuracy of data and % not meeting screening criteria will be audited during site reviews.
- The “Service Site” number is different for family planning and STD clinic clients.
- If the client is enrolled in FPEP and FPEP is going to be billed for the visit when the chlamydia test was done, check “yes” by “FPEP”. If the visit will not be billed to FPEP, mark “no” even if the client is enrolled in FPEP. For example, a client already enrolled in FPEP is seen in the family planning clinic for an infection check and a chlamydia test is done. The visit can't be billed to FPEP, so the FPEP box on the chlamydia lab slip should be “no”.



- If the client is enrolled in OHP, the lab can bill Medicaid for the test. To do that, you must add the client's Medicaid number and give an ICD-9 Code. Suggested ICD-9 codes are: V74.5 (Screening, STD w/o signs/symptoms) or V01.6 (Symptomatic, exposure to STD or treatment only visit)
- The "Submitter Code" must be completed. This is a number given to your clinic by the Oregon State Public Health Lab.
- Under "Risk History", if the client had a positive chlamydia test in the previous 12 months, the number of partners treated can not be greater than the number of partners identified. This data item frequently is completed incorrectly.



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## Collecting Specimens and Lab Tests **E.4** Used in Oregon IPP

### Female Test

- The Digene Signal Amplified Hybrid 2 Capture Nucleic Acid Assay is currently used for female tests. It can be used for endocervical specimens.
- The quantity of columnar epithelial cells is important in detecting chlamydia. Recommendations for female specimen collection:
  - Collect other specimens first.
  - Clean excess discharge from endocervix.
  - Always use the sterile swab or brush (device) supplied by the manufacturer.
  - Insert the device into endocervix until most of the tip is not visible.
  - Rotate the device with firm pressure for at least 15 seconds.
  - Carefully remove the device from the vagina to avoid contamination.
  - Place the device in the transport tube provided.
  - Break off the shaft of the brush/swab and cap the tube tightly.
  - For pregnant women, use a swab, **NOT A BRUSH** for specimen collection.
- The specimen may be held for up to 2 weeks at room temperature and shipped without refrigeration to the State Public Health Lab. It must be sent to the lab using the OSPHL collection kit.
- Specimen kits can be ordered by using the form at this web site: <http://www.oregon.gov/DHS/ph/phl/docs/stock3.pdf>
- The lab turn-around-time is 3 days.
- Interpretation of results:
  - *Positive*: Specimens with RLU/Cutoff Value  $\geq 2.50$  are considered positive for *C. trachomatis* DNA
  - *Negative*: Specimens with RLU/Cutoff Value ratios  $< 1.00$  do not contain *C. trachomatis* DNA or have DNA below the detection limit of the assay.
  - *Equivocal*: Specimens with RLU/Cutoff Value ratios  $\geq 1.00$  and  $< 2.50$  are considered equivocal. The test should be repeated.



## Male Test

- Roche Amplicor® PCR (Polymerase Chain Reaction) is currently used to test male urine specimens for chlamydia.
- Recommendations for male specimen collection:
  - Instruct clients not to urinate 2 hours prior to collection.
  - Use clean polypropylene containers that are free from preservatives.
  - Collect 10-15 ml of first catch urine (the first part of the stream).
  - Seal the specimen, making sure the lid is tight, and label appropriately.
  - Package and sent to the Oregon State Public Health Lab (OSPHL).
- Urine specimen storage and transport:
  - Urine specimens that will not be shipped within 24 hours of collection **MUST** be stored at 2-8°C (35.6-46.4°F).
  - If specimen can be transported to the lab within 24 hours of collection, the temperature range can be 18-25°C (64.4-77°F).
  - If transport will be greater than 24 hours, specimen must be at 2-8°C
  - The specimen must be received by the laboratory within 7 days of collection.
  - Transportation of specimens must comply with federal, state and local regulations for transportation of diagnostic specimens.
  - For questions regarding these specimens/instructions, call OSPHL at 503-229-5882.
- Mail the specimens to: OSPHL, PO Box 275, Portland, OR 97207-0275, or deliver to the OSPHL at 1717 SW 10<sup>th</sup> Ave, Portland, OR.
- Turn around time for a result is 3 working days.
- Interpretation of results:
  - Negative – does not contain *C.trachomatis* DNA or contains it below the cutoff level.
  - Positive – positive for *C.trachomatis* DNA
  - Equivocal – client should be re-tested
  - Unsatisfactory – specimen may contain inhibitors, client should be re-tested



## Region X IPP Treatment Guidelines

## E.5

### Presumptive Treatment

Clients presumed to have chlamydial infection may be treated prior to receiving test result using the following criteria:

- History of recent sexual partner with confirmed CT or GC
- Confirmed gonorrhea
- Symptomatic partner
- Physical exam consistent with cervicitis (friable cervix, mucopurulent discharge, or ectopy with inflammation or edema).

### **Treatment for presumed or confirmed positive *C.trachomatis* in a non-pregnant female or any male:**

- Doxycycline 100 mg orally 2 times a day for 7 days  
-OR-
- Azithromycin 1 gm orally (sachet or tablets) in single dose
- See Region X IPP Manual - Section II or the CDC 2006 STD TX Guidelines for alternative/pregnancy/breastfeeding regimens

### **General Medication/ Treatment Instructions:**

- Azithromycin:
  - single dose treatment should be directly observed;
  - can be taken with food and should not be taken on an empty stomach;
  - practice sexual abstinence or use condoms for 7 days after treatment;
  - stress the importance of partner treatment.
- Doxycycline:
  - emphasize taking entire supply on twice daily basis;
  - take with plenty of water and can be taken with food;
  - practice abstinence or use condoms during the treatment week;
  - avoid sunlight during treatment week or use sunscreen SPF 30; and
  - stress the importance of partner treatment.



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## Pelvic Inflammatory Disease (PID)

## E.6

**P**ID comprises a spectrum of inflammatory disorders of the upper genital tract among women and may include any combination of endometritis, salpingitis, tubo-ovarian abscess and pelvic peritonitis. If PID is suspected, perform a pregnancy test to rule out pregnancy. Also rule out other cause for symptoms (e.g. appendicitis). Minimum criteria for diagnosis and initiation of treatment in young, sexually active women includes one or more of the following:

- Uterine/adnexal tenderness
- Cervical motion tenderness – moderate to severe pain elicited when cervix is manipulated or palpated.

Additional criteria supportive of PID diagnosis:

- Client history of recent onset of pelvic pain or dyspareunia
- Presence of WBC's on wet mount
- Abnormal mucopurulent cervical or vaginal discharge
- Intermenstrual bleeding or post-coital bleeding
- Lab confirmation of cervical infection with gonorrhea or chlamydia
- Fever > 101° F, tachycardia
- Elevated erythrocyte sedimentation rate
- Elevated C-reactive protein.

No single therapeutic regimen has been established for persons with PID. PID therapy must provide empiric, broad-spectrum coverage of likely pathogens.

Follow your agency protocols for management of PID; refer to Region X IPP Guidelines for out-patient treatment guidelines.



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## Partners of Chlamydia-Positive Clients

## E.7

Prevention of re-infection is critical to reducing the serious long term sequelae of chlamydia, e.g. PID, chronic pelvic pain, infertility. Clients must be educated about the importance of partner notification and treatment. No client can be considered treated until partners are also treated.

- All chlamydia positive clients **must** be advised to have partners treated. Conduct an interview to discuss referral, or schedule appointments for evaluation.
- If staffing permits and the client is willing, elicit names or exposed partners for active follow-up.
- Sex partners exposed within 60 days of the client's diagnosis should be promptly examined for STDs.
- Partner treatment without examination is discouraged, but preferable to no treatment.
- Sex partners should be treated presumptively for chlamydia at the time of their initial visit.
- Any woman with PID should be advised to refer her sex partner for evaluation and treatment.
- The Oregon Board of Nursing does not currently support the practice of partner-delivered therapy.



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## Rescreening

E.8

### Test of Cure (TOC)

- TOC (repeat testing 4 weeks after completing therapy) is not routinely recommended as resistant chlamydia has not yet developed.
- Indications for TOC are:
  - Persistent symptoms
  - Client is pregnant
  - Reinfection is suspected
  - Client was noncompliant with doxycycline treatment
- TOC should not be done in any case less than 4 weeks after initiation of treatment.

### Rescreening

- Rescreening (retesting women with a chlamydial infection 3 months after treatment) is currently not required but recommended by the CDC and Region X IPP.
- Rationale for rescreening:
  - A high prevalence of chlamydia infection is found in women who have had a chlamydial infection in the preceding several months.
  - This is a result of reinfection, often because the client's sex partners were not treated or because the client resumed sex among a network of persons with a high prevalence of infection.
  - Repeat infection confers an elevated risk of PID and other complications when compared with initial infection.
- All women with a chlamydia infection should be advised to return to the clinic for retesting 3 months after treatment.
- Clients who are seen 3-12 months following a positive chlamydia test/treatment should be encouraged to be retested.
- The Region X IPP will pay for rescreening tests.
- If a rescreening test is performed, remember to indicate this under "Reason for Visit" on the Region X IPP lab slip.
- At this time, there is inadequate information to routinely recommend rescreening for male clients.



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## **Client Education and Risk Reduction Activities E.9**

### **Clients Receiving Screening Services**

- Review client identified risk (for STD/HIV) behaviors with the client
- Inform that they are receiving a test for chlamydia; briefly describe what it is and why they should be tested.
- Discuss process for receiving results.
- Assure that contact information in the chart is current/correct.
- Encourage risk reduction, offer information, encourage/offer condoms.
- Ask if the client has questions/answer any concerns/questions from the client.

### **Clients with Chlamydia/ Presumed Chlamydia**

- Discuss the disease: that it is a bacterial STD; that it is very common and treatable; how it is spread; signs/symptoms and frequently asymptomatic; may have had it for a long time without knowing it; etc.
- Discuss treatment options/side effects and stress importance of completing all of medication and not sharing medication with partners.
- Stress the necessity of testing/treating partners.
- Advise abstinence/condom use X 7 days and/or until 7 days after partner has TX.
- Advise women to seek immediate medical care if fever/chills/severe abdominal pain or other symptoms of PID develop.
- Advise male partners to seek medical care if S/S of prostatitis or epididymitis develop.
- Encourage risk reduction, offer information, encourage/offer condoms.
- Discuss/encourage rescreening with female clients.



## **Section E: Exhibits**

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**Exhibit 1:** Sample Chlamydia Protocol for Family Planning Clinics

**Exhibit 2:** Sample Charting Tool

**Exhibit 3:** Confidential STD Case Report Form Sample